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# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR § 1.53(b))

Attorney Docket No.	8240-11
First Inventor	Roberto FURIA
Title	Needle-guide device, particularly for ultrasound probes and combination of an ultrasound probe and said needle-guide device
Express Mail Label No.	EL 916999920 US

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

Assistant Commissioner for Patents  
ADDRESS TO: Box Patent Application  
Washington, DC 20231

1. <input checked="" type="checkbox"/> *Fee Transmittal Form (e.g., PTO/SB/17) (submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 46] (preferred arrangement set forth below) <ul style="list-style-type: none"><li>- Descriptive title of the Invention</li><li>- Cross References to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference sequence listing, a table, or a computer program listing appendix or computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>	a. <input type="checkbox"/> Computer Readable Form (CRF)
	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"><li><input type="checkbox"/> CD-ROM or CD-R (2 copies); or</li><li><input type="checkbox"/> paper</li></ul>
	c. <input type="checkbox"/> Statements verifying identity of above copies
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9] <input type="checkbox"/> Informal <input checked="" type="checkbox"/> Formal	5. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
Oath or Declaration [Total Pages 3]	10. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
	17. <input type="checkbox"/> Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation       Divisional       Continuation-in-part (CIP)

of prior application No: \_\_\_\_\_

Prior application information: Examiner: \_\_\_\_\_

Group / Art Unit: \_\_\_\_\_

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> (Insert Customer No. or Attach bar code label here)		or	<input checked="" type="checkbox"/> Correspondence address below
Name	Woodard, Emhardt, Naughton, Moriarty and McNett			
Address	Bank One Center/Tower 111 Monument Circle, Suite 3700			
City	Indianapolis	State	IN	Zip Code
Country	USA	Telephone	(317) 634-3456	Fax (317) 637-7561
Name (Print/Type)	James M. Durlacher		Registration No. (Attorney/Agent)	28,840
Signature	James M. Durlacher		Date	February 25, 2002

**Express Mail Label Number EL 916999920 US****Date of Deposit February 25, 2002**

I hereby certify that this paper is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington DC 20231.

*Audra L. Atch*  
Signature of person mailing paper or fee

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL FOR FY 2002

Patent fees are subject to annual revision.

*Complete if Known*

Application Number	
Filing Date	February 25, 2002
First Named Inventor	Roberto FURIA
Group Art Unit	
Examiner Name	

Total Amount of Payment (\$ 1,510.00)

Attorney Docket Number 8240-11

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:  
**23-3030**  
 Deposit Account Number  
 Deposit Account Name **Woodard, Emhardt, Naughton, Moriarty & McNett**  
 Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17  
 Applicant claims small entity status. See 37 CFR 1.27.

Payment Enclosed:  
 Check  Credit Card  Money Order  Other

**FEE CALCULATION****BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility Filing Fee	<b>740</b>
106	330	206	165	Design Filing Fee	
107	510	207	255	Plant Filing Fee	
108	740	208	370	Reissue Filing Fee	
109	160	214	80	Provisional Filing Fee	
<b>SUBTOTAL (1) (\$ 740)</b>					

**EXTRA CLAIM FEES**

Total Claims	45	-20** =	25	X	18	=	450	Extra Claims	Fee From Below	Fee Paid
Independent Claims	3	-3** =	0	X	84	=	0			
Multiple Dependent					280	=	280			

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$ 730)</b>				

\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)**

3. ADDITIONAL FEES	Fee Description	Fee Paid
105	130	205
127	50	227
139	130	139
147	2,520	147
112	920*	112
113	1,840*	113
115	110	215
116	400	216
117	920	217
118	1,440	218
128	1,960	228
119	320	219
120	320	220
121	280	221
138	1,510	138
140	110	240
141	1,280	241
142	1,280	242
143	460	243
144	620	244
122	130	122
123	50	123
126	180	126
581	40	581
146	740	246
149	740	249
179	740	279
169	900	169
Other Fee (specify) .....		

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 40)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	James M. Durlacher	Registration No. (Attorney/Agent)	28,840	Telephone (317) 634-3456
Signature	<i>James M. Durlacher</i>		Date	February 25, 2002

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